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### Items of Interest:

**Choosing your quality of care.** The Agency of Healthcare Research and Quality (AHRQ) has compiled a guide, "Your Guide to Choosing Quality Health Care," that provides information on how you can learn more about specific health plans, doctors, hospitals, treatments, and long-term care. The guide also provides contact information to a variety of public sector and government agencies that can provide further information about your healthcare options. This guide provides the means for healthcare consumers to educate themselves about their healthcare options. Consumers should also be proactive and engaged in a partnership with their health care providers. The guide can be viewed and downloaded from the AHRQ web site <http://www.ahrq.gov/consumer/qualguid.pdf>.

# Navy and Marine Corps Medical News

*A Public Affairs Publication of the Bureau of Medicine and Surgery*

## Quality Care is the Ultimate Achievement in Navy Medicine

By Christine Mahoney, Bureau of Medicine and Surgery, Public Affairs

**WASHINGTON** – Rear Adm. John Mateczun, MC, Deputy Surgeon General held an editorial board Jan. 12 to discuss Navy Medicine's continuing efforts to provide world class health care to beneficiaries.

"Providing quality medical care is Navy Medicine's top priority. In order for our (Navy Medicine) patients to receive quality healthcare, a partnership must be established between the patient and whomever is providing the healthcare. This is not a one-way relationship," said Mateczun. "Navy Medicine must do its part in providing the quality care. We also need to have a partnership with our patients. The best way for a patient to do this is by

being an active participant in the information exchange. Patients should and are encouraged to ask the questions and, in turn, our providers are responsible for giving the right answers."

Navy healthcare providers and facilities must meet certain objectives in order to practice and provide medical care. Providers must have a license and earn credentials to practice, receive medical board certification. Medical treatment facilities (MTF) must receive accreditation to provide healthcare services.

Navy medicine recruits doctors from two sources: the Health Professions Scholarship Program (HPSP) and Uniformed Services University of the Health Sciences

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**NAVAL HOSPITAL PORTSMOUTH** - A hospital corpsman with the Blood Donor Team from Portsmouth Naval Hospital takes samples of blood from a volunteer for testing Jan. 5. The Blood Donor Team visited multiple commands throughout the area in efforts to boost the blood supply for the U.S. Armed Forces around the world. U.S. Navy photo by Photographer's Mate 3rd Class Jeremy L. Grisham

## Senator Secures Federal Funding for Medical University

By Journalist 3<sup>rd</sup> Class Matt Bullock,  
National Naval Medical Center

**BETHESDA** - Uniformed Services University of the Health Sciences received \$3.3 million in federal funding to educate future military nurses. Maryland Senator Barbara Mikulski secured the funding and announced its donation at the university Jan. 5.

The money will also assist medical personnel in providing care in the wake of a nuclear, biological or chemical disaster.

"It is so important to highlight the unique work being done at [the university] because they demonstrate every day that a stronger America begins at home," Mikulski said. "They are providing cutting edge medical research with unique training for military doctors and nurses and programs to bring together military and civilian first-responders to protect our troops on the battlefield and save lives here at home."

The contribution includes a \$1 million appropriation to create and manage a free distance learning weapons of mass destruction pro-

gram open to military and civilian medical students and first-responders. The program will prepare first-responders and medical personnel for potential nuclear, biological, chemical, radiological or high-explosive events. Mikulski said she personally understands the importance of the new program, as she was involved in an anthrax attack on the U.S. Capitol in 2001.

"The weapons of mass destruction program is so unique because it's a distance learning program that's open to anybody," Mikulski said. "A first-responder who works in a rural county can benefit from the program just as much as a medical doctor."

Dr. Charles Rice, Uniformed Services University of the Health Sciences president, said the university will permit other institutions to use the online program as a foundation, add relevant information, then distribute it to the first-responders in their area.

"The access to the education on specific areas covered under this program has been very limited," he said. "We've had people respond to a disaster who haven't been specifi-

cally trained or educated on how to deal with its unique aspects. This program will provide a significantly better understanding for first-responders so they can take better care of their patients, as well as protect themselves."

The remaining \$2.3 million of the remittance will benefit the university's Graduate School of Nursing. Rice said nursing schools around the country are having difficulties recruiting faculty and his university is no different. He said the lack of nursing staff affects the university's ability to educate new nurses and Congress' contribution will greatly help to educate nurses for instructor positions.

Army Maj. Steve Currier, a university instructor, said it's paramount to invest in the military's medical infrastructure.

"We need to provide medical personnel with the best education possible while they're in school," Currier said. "That means it's most beneficial to invest our time and money into their education now, so they will be fully prepared in the future."

## Suicide Prevention Conference Set for February 2006

By Journalist 3<sup>rd</sup> Class Chris Hwang, Navy Personnel  
Command Communications Office

**MILLINGTON, Tenn.** - The Annual Military Suicide Prevention Conference is scheduled for Feb. 6 - 9 in Hollywood, Fla. with the agenda including current suicide prevention initiatives, statistics, research, and sister services' programs such as instructions, policies and resources.

In addition, there will be a half-day course on performing psychological autopsies. Attendees will be able to return to their installations with up-to-date information, and be prepared to apply and manage the programs required.

The first day's discussion will consist of a general session with guest speakers. All services can attend the Service Specific Breakouts Feb. 7, with a multi-service panel discussion afterwards, and then the continuation of the general session.

On Feb. 9, there will be a Psychological Autopsy Workshop and a discussion of conducting mortality investigations. The conference will conclude at 1 p.m., Feb. 9.

Attendees include Suicide Prevention Program Managers, Behavioral Health Professionals, Counselors, Chap-

lains and Chaplain Assistants, Unit Suicide Prevention Officers, members of installation Suicide Prevention Committees, Health Promotion Professionals, Substance Abuse Professionals, Command and unit leaders involved in suicide prevention, along with Public Affairs Professionals. Those in other fields are welcome to attend.

Registration for the conference and reserving guest rooms at the venue, the Seminole Hard Rock Hotel are completely separate. Everyone must register for the conference, and those requiring sleeping accommodations must also contact the Seminole Hard Rock to reserve a guest room.

Each year 30,000 Americans take their lives by suicide. Even greater numbers of people attempt suicide. It can be difficult to know how to help someone who is at risk for suicide. Getting the best information available can help.

For more information visit the following web site:  
<http://www.ha.osd.mil/2006mspc/>.

## Quality Care continued...

*(Continued from page 1)*

(USUHS), the military medical training school at Bethesda. According to Mateczun, HPSP is a scholarship program that once a student graduates, he or she commits to military service. USUHS provides healthcare education and training to military and civilian healthcare professionals.

By federal statutes, a military healthcare provider must possess at least one current unrestricted state license. Licensure ensures that practicing healthcare providers have appropriate education and training and abide by recognized standards of professional conduct while serving patients. Licensure represents a rigorous examination designed to assess a physician's ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective patient care.

It is significant to note that 91 percent of board eligible Navy physicians are certified in their specialty. Board certification is a process that determines a medical specialist has successfully completed an approved educational program and an evaluation, including an examination procedure designed to assess the knowledge, experience and skills requisite to the provision of high quality care in that specialty.

Navy Medicine maintains a single enterprise-wide standard for credential review that meets or exceeds the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for all healthcare professionals who work in the direct care system. Providers are not allowed to independently treat patients at Navy Medicine MTFs until a local credentials committee has verified their qualifications and the commanding officer has granted medical privileges to the provider. Credentialing is the process of obtaining, verifying and accessing the qualifications of a healthcare provider to deliver patient care services. Credentialing is based on four core criteria: current

licensure; relevant education, training and experience; current clinical competence, and the ability to perform requested privileges.

Navy medical facilities undergo a rigorous accreditation and inspection processes to maintain and improve healthcare readiness. "All of our facilities received accreditation from JCAHO which focuses on improving the safety and quality of healthcare provided to the public," Mateczun said. "When JCAHO comes out to one of our facilities to conduct an inspection, they are looking at whether or not we are maintaining a pre-established standard of care for our patients. JCAHO is also looking for areas that need improvement, such as customer service. Also, there is the Navy Medical Inspector General who sends a team and conducts an inspection to see not only if the facility meets JCAHO standards but also our own standards, which for example, include occupational safety and health standards."

JCAHO produces a quality report on over four thousand medical facilities in the continental U.S. Navy hospitals and clinics are included in these reported facilities. The reports are available on the JCAHO website at [www.jcaho.org](http://www.jcaho.org).

According to Mateczun, the Department of Defense (DoD) also maintains a rigorous Quality Management Program. This is another way that keeps the medical community one of the most regulated industries that is in existence.

"Navy Medicine is quite proactive in how we look at and measure quality of care. Reviews of how we conduct our healthcare business are constantly being done. For example, before any surgery is conducted, everyone that is involved in the surgery steps back, stops and says 'this is what the record says and this is what we are doing, and this is the right site that is where we are going to do the surgery on.' We are proud to be one of the national leaders in developing team training that allows us to share healthcare information in that way," said Mateczun.



He added, "Adverse events are an unfortunate part of medicine, which is 'high risk' by definition, but Navy Medicine strives to the utmost to minimize the incidence of adverse events. When adverse events do occur, they are carefully investigated, regardless of whether a patient was actually harmed. Navy Medicine examines the credentials and practice of any involved providers and compares their practice against a group of peers. If a provider is found not to be practicing in accordance with applicable standards, clinical privileges will be evaluated to determine if conditions or restrictions should be placed on the individual's practice. The provider will also be reported to the National Practitioners Database. This database contains information from medical malpractice payment and adverse licensure actions. Restrictions on physicians, dentists and other licensed healthcare professionals are listed. This information is available to state licensing boards; hospitals, healthcare entities, professional societies, and certain federal agencies. Navy Medicine also examines the procedures of all its hospitals and clinics to ensure no systemic issues exist that might adversely affect the care given. When systemic problems are identified, Navy Medicine corrects the facility's policies and procedures."

Navy Medicine consists of three major medical centers, 21 naval hospitals, five teaching hospitals, six large, freestanding ambulatory care clinics, and 13 dental clinics throughout the United States and at overseas locations. Navy Medical Treatment Facilities provide on average nine million outpatient visits, 70 thousand inpatient admissions, 20 thousand infant deliveries, and 15 and a half million prescriptions per year.

## SECNAV Commissions New Ensign at Naval Hospital Corpus

By Bill W. Love, Naval Hospital Corps Christi Public Affairs

### CORPUS CHRISTI, Texas -

The Secretary of the Navy (SECNAV), Honorable Donald C. Winter, commissioned Hospital Corpsman 2nd Class Elizabeth R. Angelo an ensign Jan. 13 during a brief stop at the Naval Hospital Corpus Christi (NHCC).

It was Winter's first time performing a commissioning ceremony. He presided at the ceremony during his visit to Naval Air Station Corpus Christi.

"I am honored to commission you," Winter told Angelo in front of friends, family and hospital staff, "because this is my very first time to do this since taking office last week."

Winter became the 74th SECNAV Jan. 3 and is in town for the commissioning of the USS San Antonio (LPD 17) at Naval Station

Ingleside Jan. 14, 2006.

Angelo, a lab microbiology technician and native of New Castle, Penn., has been a member of the NHCC team since Jan. 2, 2004 when she reported from Naval Hospital Jacksonville, Fla.

After earning her bachelor degree in health science and clinical lab management Angelo applied for the Medical Service Corps commissioning program in September 2004.

She was accepted into the program in December 2004, and she knew her commission was certain, but she never expected that she would meet the Secretary of the Navy, or he would administer the commissioning oath to her.

"I just can't believe it," Angelo exclaimed. "What an honor it is for me to have the Secretary of the Navy read me the oath and congratulate me!"

Angelo detaches NHCC Jan. 20



**CORPUS CHRISTI, Tex.** - Secretary of the Navy (SECNAV) Dr. Donald C. Winter administers the commissioning oath to Hospital Corpsman 2nd Class Elizabeth R. Angelo, during a promotion ceremony Jan. 13 held at Naval Hospital Corpus Christi, Naval Air Station Corpus Christi. U.S. Navy photo by Chief Journalist Craig P. Strawser

and will report to Newport, R.I., for Officer Indoctrination School (OIS) for 30 days and follow on orders to 29 Palms, Calif., where she will be the laboratory department head.

## EMF Kuwait Sailor Earns Title as Silver Knight of the Quarter

By Senior Chief Hospital Corpsman (FMF) Fred Kasper, Expeditionary Medical Facility (EMF) Kuwait



**CAMP ARIFJAN, Kuwait**—From left Army Colonel James Rice, Navy Captain Catherine Wilson, Command Master Chief Donald Whigan, Hospital Corpsman First Class Bryan Howard (winner of the Silver Night of the Quarter), Specialist Yessenia Schelske (winner of the Junior Silver Night of the Quarter), and Command Sergeant Major Kevin Stuart pose for a congratulatory picture. U.S. Military photo provided by Army Captain Danielle Hines

**CAMP ARIFJAN, Kuwait** - In a crowded chapel auditorium on 30 December 2005, Hospital Corpsman 1st Class (FMF) Bryan Howard was announced as the winner of the Senior Silver Knight of the Quarter by First Medical Brigade Command Sergeant Major Kevin Stuart.

"I am very proud of Howard who made history by becoming the first Navy Senior Silver Knight of the Quarter," said Navy Captain Catherine Wilson, Commanding Officer of EMF-Kuwait. She added, "It is a sincere honor to work with our U.S. Army colleagues. Many people speak about service collaboration; however, EMF Kuwait and the First Medical Brigade have linked arms and are clearly walking the talk."

The Army's First Medical Brigade, under the command of Colonel James Rice, recently opened their Soldier of the Quarter Board to include Navy members of the Expeditionary Medical Facility-Kuwait, Camp Pendleton Detachment. He noted, "We're all supporting the same medical mission; we work together and report through the same channels. It just

made sense to combine this board and give everyone an opportunity to showcase their achievements." This is just one example of a close joint working relationship between the Army and the Navy since EMF-Kuwait and the First Medical Brigade arrived in theater. EMF Kuwait reports through the First Medical Brigade as a subordinate unit of the Third Army in Kuwait.

The Silver Knight of the Quarter Board consisted of six members to include four Army and two Navy. Unlike traditional Navy Sailor of the Quarter Boards, the Army board required each competing member be assigned a sponsor that addressed the board regarding the positive attributes of their nominee.

For Howard, this selection included some firsts. Although nominated for Sailor of the Quarter boards in the past, he had never been selected until just recently, when he was selected as EMF-Kuwait Senior Sailor of the Quarter.

Howard will compete again later in January as he participates in the Commander, Naval Central Region Sailor of the Quarter Board.

## Command Fitness Leaders Tackle Navy's Culture of Wellness

By Art Frith, Navy Personnel Command Public Affairs

**MILLINGTON, Tenn.** - The Navy continued on course toward a wellness-oriented culture with the new Physical Readiness Program, as more than 70 Command Fitness Leaders, or CFLs arrived aboard Naval Support Activity Mid-South in Dec. 2005 for the CFL course.

According to Deputy Program Manager for the Navy's Physical Readiness Master Chief (SS) Rob Danielson, who led the team of Navy Personnel Command instructors, the training gives CFLs the practical skills necessary to return to their command, afloat or ashore, and conduct an effective program.

Proper nutrition, weight management, physical conditioning, and test safety are included in the CFL curriculum. Additionally, CFLs receive training in the Physical Readiness Information Management System (PRIMS), the Navy's official

"record" for tracking Navy-wide PFA results.

Part of a CFL's responsibility is to become thoroughly familiar with the Comprehensive Fitness Program, designed to prepare a Sailor's body to meet the minimum requirements for active duty in today's Navy. Danielson said it's very important for Sailors to stay with the program as outlined in OPNAV-INST 6110.1H.

"If they do, they will have the best opportunity to perform well on the next Physical Fitness Assessment (PFA)," said Danielson.

The PFA consists of the Body Comp Assessment (BCA) and the Physical Readiness Test (PRT). The Comprehensive Fitness Program is divided into three phases covering 24 weeks. The foundation of the program is based on developing sound cardiovascular and strength training techniques. According to Danielson, this is where the CFL comes into play.

"The leadership and training received in this course will help to gradually bring Sailors into peak condition for passing the PFA. The Navy is moving from a fitness era to one of wellness. Sailors need to be both healthy and physically fit in order for the Navy to meet its mission objectives," said Danielson.

"It's very important to start and stay with the program until the designated testing period," he said.

"Anyone can find a reason to skip workouts. The key is to make these workouts part of your daily routine. You'll be amazed at the payoff."

One of the students, Personnel Specialist 1st Class Fransisculou Malone, of Helicopter Combat Support Squadron 85 in San Diego, knows exactly what she plans to do after returning to her command.

"My goal out of this course is to try and help my shipmates who are not in such great shape, get in better shape and live longer by doing so," she said.

## Navy Dental Center Comptroller Earns Bronze Star Medal

By Cpl. Matthew K. Hacker, 2nd Marine Logistics Group

**MARINE CORPS BASE CAMP LEJEUNE, N.C.** - Navy Lt. John G. Meeting of Mansfield, Ohio, the comptroller for the Naval Dental Center, was awarded the Bronze Star Medal during an awards ceremony Dec. 16 for his service while deployed in support of Operation Iraqi Freedom 04 - 06.

In January 2005, Meeting deployed as the commander for Surgical Company A, 2nd Medical Battalion, 2nd Marine Logistics Group.

Meeting's company deployed to Kuwait to relieve a National Guard unit.

"There were about 100,000 service members in Kuwait at the time we got there, so it was a little confusing for the first few weeks," said Meeting. "We were responsible for setting up medical clinics on all but one camp in Kuwait, so we had to get used to it."

The company, which consisted of 162 Sailors, were spread out over an area roughly the size of New Jersey, according to Meeting. For the first two months, each clinic estimated 400 patients per day.

Their sparse clinics were the sick call and the emergency facilities in Kuwait, according to Meeting. They also developed several new Standard Operating Procedures

(SOP) for the clinics, as the Army used different supply and medical programs unfamiliar to the Navy and Marine Corps family.

"We did adopt certain Army SOPs, because the supply points were already getting the orders their way and we couldn't change it," said Meeting. "But we did develop more SOPs for emergency response situations."

They didn't see many combat injuries being in Kuwait, but there were a lot of motor vehicle accidents, according to Meeting. They also developed a combat lifesavers program for the Army units who came in during their stay.

According to Meeting, there were many opportunities to do great things. The unit saw more than 22,000 patients in their six months in Kuwait, and their "find a way to say yes" motto kept their patients happy and healthy.



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